



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH MOORESVILLE

City of Hospital: Mooresville

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Tamara Murphy

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Medicare Provider Number: 15-0057

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$169177650
Outpatient Patient Service Revenue	\$307766855
Total Gross Patient Service Revenue	\$476944505

2. Deductions From Revenue

Contractual Allowance	\$341399701
Other Deductions	\$15224812
Total Deductions	\$356624513

3. Total Operating Revenue

Net Patient Service Revenue	\$120319992
Other Operating Revenue	\$4915873
Total Operating Revenue	\$125235865

4. Operating Expenses

Salaries and Wages	\$25842481	Employee Benefits	\$7096070
Depreciation and Amortization	\$5049858	Interest Expense	\$4476455
Bad Debt	\$1927030	Other Expenses	\$60223003
Total Operating Expenses	\$104614897		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$20620968	Total Assets	\$87160158
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-5463679

Total Net Gains	\$20620968
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$249652970	\$209380131	\$40272839
Medicaid	\$126388500	\$95036010	\$31352490
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$100903036	\$52208372	\$48694664
Total	\$476944506	\$356624513	\$120319993

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$412	\$-412

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3188740	
HCI Payments	\$0		
Subtotal	\$0	\$3188740	\$-3188740
Medicaid Shortfalls	\$9216008	\$16718054	
Subtotal	\$9216008	\$19906794	\$-10690786
DSH Payments	\$0		
Subtotal	\$9216008	\$19906794	\$-10690786
Medicare Shortfalls	\$39517215	\$49707368	
Other Government Programs	\$0	\$0	
Total	\$48733223	\$69614162	\$-20880939

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$-94471	\$472605	\$-567076

Comments

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